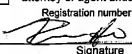


|   |                                  |   |            |                         |       |           |
|---|----------------------------------|---|------------|-------------------------|-------|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                                  | <b>Docket Number (Optional)</b><br>595552000100   |            |                         |       |           |
| <b>Application Number</b>   | 10/537,535                       | <b>Filed</b> (Int'l.) December 5, 2003  |            |                         |       |           |
| For <b>WOUND MAPPING SYSTEM</b>   |                                  |   |            |                         |       |           |
| <b>Art Unit</b>   | 3736                             | <b>Examiner</b> R. A. Danega  |            |                         |       |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |            |                         |       |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |            |                         |       |           |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Fee</u></td> <td style="text-align: center;"><u>Small Entity Fee</u></td> </tr> <tr> <td style="text-align: right;">\$130</td> <td style="text-align: right;">\$65</td> </tr> </table> | <u>Fee</u> | <u>Small Entity Fee</u> | \$130 | \$65      |
| <u>Fee</u>  | <u>Small Entity Fee</u>          |   |            |                         |       |           |
| \$130   | \$65                             |   |            |                         |       |           |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$490</td> <td style="text-align: right;">\$245</td> </tr> </table>  | \$490      | \$245                   |       |           |
| \$490   | \$245                            |   |            |                         |       |           |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$1110</td> <td style="text-align: right;">\$555</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ 555.00</td> </tr> </table>  | \$1110     | \$555                   |       | \$ 555.00 |
| \$1110  | \$555                            |   |            |                         |       |           |
|   | \$ 555.00                        |   |            |                         |       |           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$1730</td> <td style="text-align: right;">\$865</td> </tr> </table>   | \$1730     | \$865                   |       |           |
| \$1730  | \$865                            |   |            |                         |       |           |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$2350</td> <td style="text-align: right;">\$1175</td> </tr> </table>  | \$2350     | \$1175                  |       |           |
| \$2350  | \$1175                           |   |            |                         |       |           |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |   |            |                         |       |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |            |                         |       |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |            |                         |       |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |            |                         |       |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> .                 |                                  |   |            |                         |       |           |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                                  |   |            |                         |       |           |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |            |                         |       |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |                                  |   |            |                         |       |           |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |            |                         |       |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>60,199</u>  |                                  |   |            |                         |       |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                                  |   |            |                         |       |           |
| Registration number if acting under 37 CFR 1.34 _____   |                                  |   |            |                         |       |           |
| <br>_____<br>Signature   |                                  | _____<br>March 5, 2009<br>Date  |            |                         |       |           |
| Brian B. Ho<br>_____<br>Typed or printed name   |                                  | _____<br>415.268.7624<br>Telephone Number   |            |                         |       |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |   |            |                         |       |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |                                  |   |            |                         |       |           |